



JOHN REX ENDOWMENT

Improving Access to Health Care Request for Proposals

Letters of Interest must be emailed by end of day June 1, 2007 to:

Kevin@rexendowment.org and McAllister@rexendowment.org

Call-in Information Session: May 9, 10:00 to noon. Dial 1-866-365-4406, Access number 8353565#

Grantmaking Rationale and Guidance to Grantseekers

The John Rex Endowment invests in the development and support of activities, programs and organizations that improve the health of underserved people in Wake and surrounding counties. Currently, the Endowment supports visible and measurable improvements in the health of children by improving access to health services, by promoting healthy behaviors and by providing children with opportunities for growth and development.

The Endowment's "Improving Access to Health Care" portfolio focuses on

- (1) Decreasing financial barriers,
- (2) Increasing provider availability, and
- (3) Enhancing appreciation of the benefits of care, particularly preventive care.

The Endowment makes grants to 501(c)(3) nonprofits (public charities) as well as government agencies for effective efforts that advance one of the following strategies.

1. Strengthen the safety net by serving uninsured children.

Priority consideration will be given to projects that:

- Target under subscribed groups that require special efforts to reach for enrollment in public health insurance. These groups include new immigrants, children of migrant workers, homeless children, children in foster care or Child Protective Services, teenagers, and other children with evidence of special needs and under enrollment.
- Increase re-enrollment and/or reduce attrition in public health insurance.
- Explore ways to streamline the process to enroll in public health insurance.
- Help increase the number of uninsured or public health insurance enrollees seen by a "medical home" – i.e., a practice that provides primary care, maintains a child's medical history, and coordinates referrals to specialists.
- Secure donated physician care, hospital services, medical assistance, and dental care.
- Develop evidence to inform the debate about funding decisions affecting the safety net and access to care.
- Convene strategic conversations with others in the community to address any of the above.

2. Build the capacity of providers of care to meet the needs of underserved children.

Priority consideration will be given to projects that:

- Develop the capacity of a practice to be a “medical home” – i.e., a practice that provides primary care, maintains a child’s medical history, and coordinates referrals to specialists – for underserved children and youth.
- Build permanent capacity in traditional health systems by, for example, hiring bilingual staff, increasing cross-cultural competence, offering sliding scale fees for services and prescriptions, retaining social workers to provide comprehensive family assistance, and making operations more accessible and culturally appropriate.
- Support community-based programs that extend the reach and effectiveness of care to underserved children and youth. These could include locally based specialty clinics, mobile “clinic days” or permanent health services in non-traditional sites such as community centers, churches, schools, etc.
- Strengthen connections and promote collaboration between traditional health systems and community-based programs.
- Develop evidence to inform the debate about the health system’s responsibility to underserved children and youth.
- Convene strategic conversations with others in the community to address any of the above.

3. Overcome barriers to care through community outreach to underserved families.

Priority consideration will be given to projects that:

- Inform parents and caregivers about public health insurance eligibility.
- Inform parents and caregivers of underserved children and youth about the benefits of early and continuous care, particularly preventive care and dental care, as well as about accessible sources of quality care.
- Engage schools in a system of outreach.
- Support lay health advisors and peer educators.
- Connect outreach efforts directly to providers and other health resources.
- Develop evidence to inform the debate about the state or county’s support of outreach efforts.
- Convene strategic conversations with others in the community to address any of the above.

Funding Guidelines

The John Rex Endowment will consider requests for funding through its “Access to Health Care” portfolio at its July board meeting. The grant term and the financial request should both be determined by the desired outcomes of the proposal. Grantees must submit interim and final written reports on their projects and participate in one-on-one and group meetings for mutual learning and development.

The Endowment funds 501(c)(3) nonprofits designated as public charities and government agencies that focus on improving the health of children and youth in Wake County. The Endowment welcomes proposals that reflect collaborations among organizations.

John Rex Endowment
Improving Access to Health Care
LETTER OF INTEREST

Instructions for Letter of Interest

Grantseekers must submit a Letter of Interest via email no later than **June 1, 2007** to be considered for funding through the “Access to Health Care” portfolio at the Endowment’s July board meeting. The document must be typed using a font size of 10pt or larger and must not exceed six pages.

The Health Improvement Committee will review Letters of Interest on June 25. Grantseekers will be notified of the proposal status following the meeting during the week of June 25. The Health Improvement Committee will take funding recommendations to the Board of Directors on July 23 for funding approval. Grantseekers will be notified of status following the July 23 meeting.

The Letter of Interest should provide the following information in the order listed:

1. A description of the agency/organization(s) requesting funds. Include a contact name, telephone number, and email address for the project.
2. A statement of need summarizing the problem that the proposed project addresses.
3. A description of the proposed project and how this advances one of the Endowment’s “Access to Health Care” strategies listed above. Include a statement of purpose and intended outcomes, as well as key activities. Indicate how the need will be reduced or the problem solved by the proposed project.
4. Evidence of the organizational capacity to achieve and sustain the intended outcomes.
5. An explanation of how outcomes will be evaluated, including indicators of progress and measurement tools.
6. A statement of request identifying the amount and terms (months) of financial support sought from the Endowment, as well as how the intended funds will be used.
7. The proposed project budget using the attached spreadsheet. Endowment funds may be used to cover both direct and indirect expenses associated with a proposed project. The Endowment will consider payment for indirect expenses not to exceed 8% of direct expenses.
 - **Direct expenses** are clearly and easily attributable to a specific project and to the objectives of the proposal.
 - **Indirect expenses**, or overhead, are not easily identified with a specific project but are necessary to conduct the grant. Examples of indirect expenses may include rent, utilities, housekeeping, bookkeeping and internet charges.